Docket No. A-68104/DJB/RMS/DAV

Anticipated Classification of this Application:

Class: Subclass:

Prior Application:

Examiner:

Art Unit:

Box PATENT APPLICATION FEE
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

This is a request for filing an

___ Original

___ Continuation

___ Divisional

_X_ Continuation-in-part

application under 37 C.F.R. 1.53(b), in the name of_Joseph Fisher, James Lorens, Donald Payan, Alexander Rossi_ (Names of ALL Applicants), for Multiparameter FACS Assays to Detect Alterations in Cellular Parameters and to Screen Small Molecule Libraries (Title of Invention).

1.   (a) ___   Enclosed is a new application.

     (b) _X_   Enclosed is a continuation-in-part application.

     (c) ___   Enclosed is a copy of the prior application.

2.   (a) ___   Enclosed is a new Declaration.

(b) ___ Enclosed is a copy of the prior executed Declaration as originally filed.

(c) ___ Enclosed is a Combined Declaration/Power of Attorney.

3. (a) ___ Enclosed is a Small Entity Affidavit.

(b) ___

4. ___ The filing fee is calculated below:

Claims as filed in the prior application, less any claims canceled by amendment below:

FOR:	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN A SMALL ENTITY RATE	FEE
BASIC FEE				$380	OR		$
TOTAL CLAIMS	____ -20 =	*_____	x 9 =	$___	OR	x 18=	$_____
INDEP CLAIMS	____ -3 =	*_____	x 39 =	$___	OR	x 78=	$_____
[ ] MULTIPLE DEPENDENT CLAIM PRESENTED			+130 =	$___	OR	+260=	$_____
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	$___	OR	TOTAL	$_____

5. _____ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-).

6. _____ Our check in the amount of $_____ is enclosed.

7. __/___ Cancel in this application original claims _____
of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.)

8. __·___ Amend the specification by inserting before the first line the sentence:

--This is a ____ continuation ____ division ____ continuation-in-part of application Serial No. _____ filed _____.--

9. (a) __X__ Informal drawings are enclosed,_11_ sheets.

(b) _____ Formal drawings are enclosed, ___ sheets.

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10. (a) __X__ Priority of Application Serial No. <u>09/062,330</u> filed on <u>April 17, 1998</u> and <u>09/157,748</u> filed on <u>September 21, 1998</u>, both in <u>the United States of America</u> is claimed under 35 U.S.C. 119.

(b) _____ The certified copy has been filed in prior application Serial No. _____ filed on _____.

11. _____ An Assignment is enclosed.

12. _____ The prior application is assigned of record to _____ _____.

13. _____ A Power of Attorney by Assignee is enclosed.

14. _____ The power of attorney in the prior application is to:

_____
(name)

_____
(address)

_____

(a)____ The power appears in the original papers in the prior application.

(b)____ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.

(c)____ Address all future communications to:

FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP
Suite 3400, Four Embarcadero Center
San Francisco, California 94111-4187
Telephone: (415) 781-1989

15. _____ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning

with the number next following the highest numbered original
claim in the prior application.)

16. _____ A Prior Art Statement is enclosed.

17. _____ I hereby verify that the attached papers are a true duplicate
of prior application Serial No. _____ as originally filed
on _____ .

Date: _4/16/99_   _Robin M. Silva_
                                ROBIN M. SILVA
                                Registration No. _38,304_

Address of Signer: _____ Attorney or agent of record
FLEHR HOHBACH TEST ALBRITTON   __X__ Filed under Section 1.34(a)
& HERBERT LLP
Suite 3400, Four Embarcadero Center
San Francisco, CA 94111-4187
Telephone: (415) 781-1989